

TEST RECORD
RET IV

RNT IV# [REDACTED]
DATE 01-28-12
TEST NO. 0189
ID#

56246
AS IV# [REDACTED]
TEMPERATURE 36 C

SUBJECT TEST
XRAY TIME

.000 BLANK
.000 AUTO 18:26

SUBJECT

[REDACTED]
OPERATOR

Sgt SKOL #1378

WITNESS

DNA

TEST LOCATION

CL # 1051532

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION**

**28Jan12
CL #1051532**

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Section

ATTN: Lt. Susan Clark #320
Administrative Section
Investigations Division

FROM: Sergeant Skol #1378
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (No Hits)**

RESULTS: BAC .000

REFERENCE: LOG # 1051532
WD # [REDACTED]
RD # [REDACTED]
CB # [REDACTED]

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 28Jan12 @ 1415

W/C: Lieutenant Porebski #780

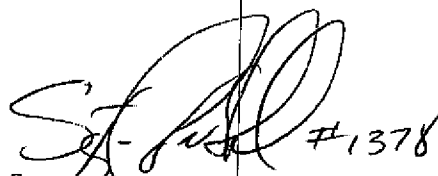
INVOLVED MEMBER: Police Officer Timothy Beran
Star #19651
Employee # [REDACTED]
Unit of Assignment: 017
C/S: 18Mar96

NARRATIVE:

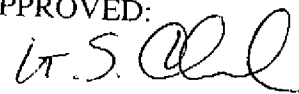
R/S received notification from PO Watson #3731 of CPIC @ 1445 hours on 28Jan12 regarding a

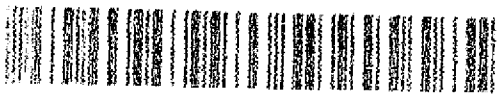
Firearm Discharge Incident in the 017th District.

Upon arrival to 017 the Undersigned was advised that the investigation had been moved to Area 5. Undersigned proceeded to Area 5, where Police Officer Timothy Baren #19651 was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. R/Sgt then began the 20 min observation period of Police Officer Beren at 1800hrs R/Sgt collected the urine specimen from Police Officer Beran at 1805 hours. The Breath Test was conducted at 1830 hours and the BAC was .000. The W/C was notified of the results.

 #1378
Sergeant Skol #1378
General Investigations Section
Investigations Division

APPROVED:


Lt. Susan Clark # 320
Administrative Section
Investigations Division



40005057

1882521

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT
RANDOM DRUG UNIT, #100750
8110 S MICHIGAN AVE
CHICAGO IL 60653
PH 312-745-5053 FAX 312-745-6819

B. MRO Name, Address, Phone and Fax No.

FURN 30 0070540020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

D

First:

A

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

WEAPONS DISCHARGE

G. Drug Tests to be Performed:

☒ 35190N SAP 10-50/2000 U/NTT

H. Collection Site Name:

CPD - AREA 5

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS CPD - AREA 5

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector

#1378

(Print) Collector's Name (First, MI, Last)

1805 AM

Time of Collection

01/28/12

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

CPD 0028801



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name TIMOTHY BERAN Title P.O.
Star No. 19651 Employee No. [REDACTED] Unit 017

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>Timothy Beran</u>		Involved Member's Signature <u>PO-T. Beran #19651</u>	Date and Time <u>28 JAN 12 1810</u>
Type of Test: <u>Alcohol</u>	Location: <u>AREA 5</u>	Date and Time: <u>28 JAN 12 1826</u>	
Type of Test: <u>Drug</u>	Location: <u>AREA 5</u>	Date and Time: <u>28 JAN 12 1810</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. L. Skol #1378</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>28 JAN 12 1830</u>
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CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. L. Skol #1378

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 28 day of JANUARY, 2012 at 1805, I, _____, (TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A MAIN TEST VIAL - NO.	B ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colan

(STAFF MEMBER'S SIGNATURE)

on 30 JAN 12

(DATE)

at 0810

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 30th day of January 2012, I MARIA Colon # 24975
received a collected urine specimen from Sgt. SKOL # 1378. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by MARIA Colon # 24975 in the presence
of Sgt SKOL # 1378. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA Colon # 24975, as witnessed by Sgt. SKOL # 1378

Specimen delivered by:

[Signature]
Signature

1378

Received/stored by:

Maria Colon
Signature

24975

Last Name: BERAN

First Name: TIMOTHY

Rank: P-2

Star #: 19651

Unit: 017

Home Zip Code: 6006

Date Hired: 18 MAR 96

Birthdate: [REDACTED]

JAN 30, 2012

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. L. Skol #1378

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 28 day of JANUARY, 2012 at 1805, I, _____, (TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378, (PRINT RECEIVING STAFF MEMBER'S NAME)
and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A MAIN TEST VIAL - NO.	B ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colan

(STAFF MEMBER'S SIGNATURE)

, on 30 JAN 12

(DATE)

at 0810

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

10015057 10015057 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM

PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X

Signature of Accessioner

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 30th day of JANUARY 2012 I MARIA Colon # 24975
received a collected urine specimen from Sgt. SKOL # 1378. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by MARIA Colon # 24975 in the presence
of Sgt SKOL # 1378. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA Colon # 24975, as witnessed by Sgt. SKOL # 1378

Specimen delivered by:

Signature

[Signature]

1378

Received/stored by:

Signature

Maria Colon

24975



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name TIMOTHY BERAN Title P.O.
Star No. 19651 Employee No. [REDACTED] Unit 017

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>Timothy Beran</u>		Involved Member's Signature <u>PO-T. Beran 19651</u>		Date and Time <u>28 JAN 12 1810</u>	
Type of Test: <u>Alcohol</u>	Location: <u>AREA 5</u>			Date and Time: <u>28 JAN 12 1826</u>	
Type of Test: <u>Drug</u>	Location: <u>AREA 5</u>			Date and Time: <u>28 JAN 12 1810</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. L. Skol #1378</u>		IAD Supervisor's Signature <u>[Signature]</u>		Date and Time <u>28 JAN 12 1830</u>	
--	--	--	--	--	--

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653



LABORATORY REPORT
Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
[REDACTED]		[REDACTED]					
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	FAV DATE	& TIME
1	1882521	193006X		01282012 04:05PM	01312012	01312012	12:02PM

REMARKS: Client Site Location:

REASON FOR TEST: WEAPONSDISCHARGE
DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)							
Integrity Checks							
CREATININE		34.7 mg/dL				Acceptable Range	
pH		7.2				>= 20 mg/dL	
OXIDIZING ADULTERANTS		Negative				4.5-8.9	
Substance Abuse Panel							
					Initial Test Level	MS Confirm Test Level	
PLEASE NOTE THAT STEP 2 OF THE CUSTODY & CONTROL FORM (PERTAINING TO SPECIMEN TEMPERATURE) IS INCOMPLETE AND/OR INCORRECTLY FILLED OUT.							
AMPHETAMINES		Negative			1000 ng/mL	500 ng/mL	
BARBITURATES		Negative			300 ng/mL	200 ng/mL	
BENZODIAZEPINES		Negative			300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative			300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES		Negative			50 ng/mL	15 ng/mL	
METHADONE		Negative			300 ng/mL	200 ng/mL	
METHAQUALONE		Negative			300 ng/mL	200 ng/mL	
OPIATES		Negative			2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE		Negative			25 ng/mL	25 ng/mL	
PROPOXYPHENE		Negative			300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST: KSAS01							
SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.							
LAB		Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219					
>> END OF REPORT <<							